

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046811

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6215 Registrar's No. 215

FILED NOV 19 1963

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OSAGE TOWNSHIP</u>		c. CITY OR TOWN <u>Gentry</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U. S. Highway 71</u>		d. STREET ADDRESS (If outside, give location) <u>R#1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>DAVID PATTERSON MUNCY</u>		4. DATE OF DEATH Month Day Year <u>November 11 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-2-1896</u>
9. AGE (last birthday) <u>67</u>		10. BIRTHPLACE (City and state or country) <u>Mason Valley, Arkansas</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John I. Muncy</u>		13b. MOTHER'S MAIDEN NAME <u>Rosy True</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>William Henry Muncy, Centerton, Arkansas</u>	
16. INFORMANT <u>William Henry Muncy, Centerton, Arkansas</u>		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>broken neck and crushing of left chest</u> DUE TO (b) <u>sudden</u> DUE TO (c) <u>Interval between onset and death</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>two car collision on U. S. Highway 71, three miles south of Bates County Line</u>		20c. TIME OF INJURY Hour: <u>10:25</u> a.m. Month: <u>11</u> Day: <u>11</u> Year: <u>1963</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U. S. Highway</u>	
20f. CITY, TOWN, OR LOCATION <u>Arthur</u>		20g. COUNTY <u>Vernon</u>	
20h. STATE <u>Missouri</u>		20i. never <u>November 11, 1963</u>	
21. I attended the deceased from <u>10:25 a.</u> to <u>death occurred at</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>L. S. Ferry, Coroner</u>	
22b. ADDRESS <u>Nevada, Missouri</u>		22c. DATE SIGNED <u>11-15-1963</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>November 12 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Coffelt Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mason Valley District, Arkansas</u>	
24. FUNERAL DIRECTOR <u>Ferry Funeral Home</u>		25. ADDRESS <u>Nevada, Missouri</u>	
26. DATE RECD. BY LOCAL REG. <u>11-15-1963</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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8-18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____ Signed Ray E. Ireland

Signature of Student Embalmer

Licensed Embalmer No. 5057

P. O. Address Denver, Colo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.